

**Greenbelt Department of Recreation**  
**Youth Participant Profile**  
for Program Leader, Manager, and Staff Review



Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Nickname: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

**IF YOU HAVE FILLED THIS OUT IN THE PAST SIX MONTHS PLEASE DISREGARD.** *The information you provide on this sheet will help the staff of the Department of Recreation obtain a better understanding of the background, needs, and abilities of the participants that make up our programs. This understanding will give us a greater ability to provide the best possible programs and services to each individual and to the community. If there is any confidential information you do not wish to include on this form but feel is important to share with us, please contact Karen Haseley, Therapeutic Recreation Supervisor, at 301-397-2208 ext. 2054.*

Child's likes and dislikes \_\_\_\_\_

My child enjoys these physical activities \_\_\_\_\_

My child has difficulty with these activities \_\_\_\_\_

Things that my child may need help with \_\_\_\_\_

Fears and concerns of the child \_\_\_\_\_

Current medications \_\_\_\_\_

Any change in daily medication over the last six months \_\_\_\_\_

Specific behavioral concerns \_\_\_\_\_

Triggers of the specific behavioral concerns \_\_\_\_\_

Are there behavioral techniques that your child responds well to or is accustomed to?

What special accommodations can we provide to foster the most positive recreational experience for your child?

Is there any additional information that would help to ensure your child's success during the program?

**\*\*\*\* Please feel free to write on back or attach additional pages if needed \*\*\*\***

*Please return this completed form to:*

The Greenbelt Recreation Department

25 Crescent Road, Greenbelt, Maryland 20770

*Maintaining A Safe, Fun, and Enriching Environment*